

STELWAGON (H.W.)

ON THE

ALLEGED TOLERANCE

OF

THE IODIDES

IN LATE SYPHILIS.

BY

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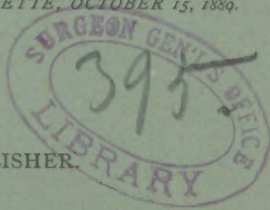
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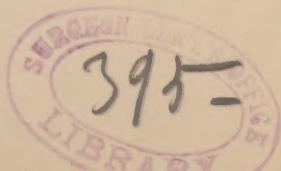


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IODIDES IN LATE SYPHILIS.

THE statement made by Dr. H. C. Wood that a tolerance to full doses of the iodides in central nervous disease is indicative of a syphilitic origin has naturally provoked a warm discussion, in which this distinguished writer stands practically isolated. It has, indeed, been a current saying for years that syphilitic patients failed to show symptoms of iodism, and yet it is difficult to find authoritative statements that could have led to so common a belief. Even at the present day, as all medical teachers, and especially those engaged in dermatological and syphilological practice, must know, the question of this tolerance is often raised by students and practitioners. In the face of my experience with this drug in syphilitic eruptions, both early and late, I can scarcely comprehend on what ground such a belief had been based. For, so far as my dermatological experience goes, which necessarily in-



cludes numerous cases of syphilis in all stages, I must say, without the slightest hesitation or equivocation, that there is absolutely no foundation for a belief in this tolerance in syphilitic patients. To give any importance, in such cases, in a diagnostic sense, to the patient's ability to take full doses without the usual physiological or toxic effect, would, therefore, from a dermatological stand-point, be not only without value, but injudicious and unfair to the patient. In this respect my experience is the same as that of those who, with Dr. White, made response to Dr. Wood's paper. The following several cases, briefly noted, are so many reasons for the opinion herein expressed :

CASE I.—J. H., aged 30, came under treatment in February, 1888, suffering with an ulcerating tubercular syphilide, involving the end of the nose and the upper lip immediately underlying. It had made its appearance nine months previously ; syphilis was contracted six years before. The mixed treatment was prescribed, but it was soon found that not more than two or three grains of potassium iodide or sodium iodide t. d. could be taken without distressing symptoms of iodism. The symptoms referred to were a marked coryza, with frontal pain, gastric disturbances, and iodide acne.

CASE II.—In the nature, character, and locality of the eruption this case was strikingly similar to Case I. The patient, a female, aged 43, was first seen in March, 1887. The present eruption had lasted seven months. Date of contraction of syphilis unknown, but the

history indicated some years previously. In this patient the iodide, even in small doses, was not well borne, and seemed also to be without influence on the eruption. Acne, coryza, and cephalalgia soon followed its administration, and it was necessary to discontinue. Under mercury the patient made a rapid recovery.

CASE III.—This case, a male, aged about 25, came under my notice in the winter of 1888, in the Skin Ward of the Philadelphia Hospital. He was suffering with a traumatic ulcer of the leg, for which, under the impression that it was of a syphilitic origin, the resident physician prescribed 10-grain doses of potassium iodide t. d. The history of the case disclosed the contraction of syphilis six or seven years previously. No improvement taking place in the ulcer, the dose was increased to 20 grains. A few days later a pustulo-bullous eruption developed on the face and hands. The lesions apparently involved the deeper skin tissue, and were elevated from an eighth to half an inch above the surface. Some were the size of a bean, others almost the size of a hen's egg. It was at this time that the patient came under my care, having been transferred from the Surgical to the Skin Ward. The eruption was recognized as probably due to the iodide, and its further administration was discontinued. In the course of a week the lesions had almost disappeared. He was again given the iodide to determine beyond doubt its causative relationship to the pustulo-bullous eruption. As soon as 20-grain doses were reached the lesions rapidly made their appearance. On

discontinuance of the drug the eruption as rapidly retrogressed.

These several cases are here presented as striking examples of late syphilis, in which the intolerance to the iodides was unmistakable. Nor are they exceptional cases, as the notes of many more such examples could be given if the subject demanded it. These, however, are sufficient to indicate the basis upon which my opinion on the question of the tolerance of iodides in syphilis rests. Exceptional instances also occur in which the disease, although undoubted syphilis, fails to respond to extreme doses of the potassium or sodium iodide. Take, for example, the following case, and if the tolerance of full doses was to be looked upon as diagnostic, the result upon pushing the drug should have been confirmatory. On the contrary, although it was a clear case of syphilis, the drug was absolutely powerless.

CASE IV.—The patient, a well-built, robust man of 36 years, came under treatment in 1886. He had contracted syphilis several years previously, and had made an apparent recovery. Some months ago, however, a tubercular and gummatous syphilide appeared on the scalp and one hand, and was rapidly progressive and destructive. The ordinary plan of treatment was adopted, but with no result. Finally, the iodide of potassium was prescribed, without the mercury, as in the preceding treatment, and the dose rapidly increased. Beginning with 20-grain doses t. d., the quantity was increased daily until the patient was taking six drachms a day, without a symptom of iodism, and although

this dosage was continued for one or two weeks, there was not the slightest influence upon the course of the syphilide. This patient was finally cured by mercurial remedies alone.

Another case, presenting a slightly different phase, may be added.

CASE V.—This patient, a male, of about 40 years, presented himself several years ago at the Skin Service of the Northern Dispensary. He sought treatment regarding an acne-like eruption on the nose and on the parts immediately about the alæ.* In this patient, 30-, and even 40-grain doses t. d. were without effect, and a possibility of an error in diagnosis was considered, and the case then tentatively treated as simple acne. No benefit resulting, and the diagnosis of syphilis having been previously made after the eruption had been carefully studied, the iodide was again administered, and the dose increased to 60 grains t. d. This amount of the drug brought about rapid improvement, and in a short time a complete cure. There were, however, during the administration of the drug, evidences of mild iodism.

It cannot, of course, be denied that some patients with syphilis bear the drug well, but this holds equally true with non-syphilitic patients. This latter is shown in the report made by Haslund† on the treatment of

* "A Case of Late Cutaneous Syphilis (Acne-like Syphiloderm of the Nose), illustrating the Occasional Necessity of Large Doses of Potassium Iodide" (*Philadelphia Medical News*, June 27, 1885).

† *Vierteljahreschrift für Dermatologie und Syphilis*, 1887, H. 3.

psoriasis with large doses of iodide of potassium, and it will be found that in these cases, presumably free from syphilis, that iodism was no more common than it is observed to be in syphilitic patients. In this report brief tabulated notes of fifty cases are given. The dose per day varied in the different patients from one hundred and fifty to seven hundred and fifty grains, and yet with these enormous doses it was recorded that in a fair proportion iodism was not observed. My own observations in regard to iodism in late cutaneous syphilis would show its occurrence in about the same proportion as in these cases of psoriasis tabulated by Haslund. In experiments lately made by Dr. Hartzell and myself in the Skin Dispensary of the University Hospital, and also in the Skin Ward of Blockley Hospital, as to the curative effect of full doses of iodide in psoriasis, suggested by this paper by Haslund, symptoms of iodism were not observed to occur with any greater frequency than would probably have been noted had the cases been syphilitic. The fact also cannot be forgotten that in many of the cases of serious cutaneous disturbance from the ingestion of potassium iodide, which have been reported in the journals the past several years, the drug had been administered for late syphilitic manifestations.

Indeed, with the light that has been thrown upon this subject the past year, it can no longer be doubted that as regards cutaneous syphilis, early or late, there is just as much probability of iodic symptoms from the administration of the iodides as were the patients non-syphilitic. As to the contention

that in central nervous syphilis iodism is an extremely rare occurrence, Dr. Wood, it must be confessed, has those who hold opposite views at great disadvantage, for, with possibly one exception, those replying to his paper are dermatologists and syphilographers, and not neurologists. But it is irrational to suppose that if patients with other manifestations of syphilis show no freedom from iodic symptoms, those with nervous syphilis should prove an exception. It could be readily admitted, I think, if we are to accept the latest view as to the production of symptoms of iodism through the agency of the central nervous system, that in serious disease of these parts the appearance of such symptoms might be hindered or modified. But an explanation of this kind would hold equally true in regard to non-syphilitic nervous disease ; whereas Dr. Wood contends, it will be remembered, that the absence of iodism where full doses are given to cases of grave nervous disease is reason for believing that the disease is in all probability of syphilitic origin or nature.

In conclusion, it may be said, however, that at present the general evidence is overwhelmingly against the correctness of such statement.

